

Missouri Children's Behavioral Health Environmental Scan: Executive Summary

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Executive Summary

Missouri is strongly committed to improving behavioral health services for children and their families; however, critical gaps exist in the state, leaving children and families without access to needed care. While some communities have successfully broadened access and service array, this progress is not uniform statewide, resulting in inequitable access and variability in both availability and quality of services. The absence of accessible home and community-based services resulted in unmet needs, pushing families towards more restrictive and costly intensive interventions. The report's findings suggest a complex landscape of behavioral health service utilization among Missouri's children and youth and point to potential areas for targeted interventions and support. The lack of seamless and consistent access to behavioral health services reveals a fragmented system that is reactive, rather than responsive.

The Center for Health Care Strategies (CHCS) was engaged to assess the state of children's behavioral health services in Missouri, identify gaps and challenges, and inform recommendations for improvement through an environmental scan. The scan incorporates an analysis of the child population accessing behavioral health services in Missouri in 2022, key programs and services available to this population, and policies regarding access, service utilization, and expenditures. To inform the scan, CHCS also conducted interviews with 73 individuals, representing state agencies, community-based organizations, hospitals, provider associations, a family-run organization, the education system, youth, families, and other stakeholders.

The following are key themes that emerged from the interviews:

- **Lack of Coordination at the State Level:** Rather than one coordinated and comprehensive behavioral health system for children and families, Missouri has multiple siloed behavioral health systems which hinders effective communication and collaboration, leading to duplication of efforts and disparate service delivery.
- **Geographic Disparities:** Rural areas face significant resource disparities compared to urban and suburban regions which impacts access to behavioral health services. This is exacerbated by gaps in telehealth infrastructure and workforce challenges.
- **Lack of Standardization:** Variation in screening tools, assessments, and services among state agencies creates challenges for cross-system collaboration, hindering seamless access to care for children and families, despite efforts like the Show Me Health Kids specialty health plan.
- **Accessing Behavioral Health Services through Child Welfare and Juvenile Justice:** Limited options for in-home and community support lead families and systems to child welfare and juvenile justice, increasing the strain on these mandated systems, which are not experts in addressing behavioral health needs.

- **Workforce Challenges:** Insufficient numbers of trained professionals (e.g. a shortage of child psychiatrists) contribute to long waitlists, limit access to behavioral health services, and speak to the need for creative solutions like mentoring.
- **Gaps in Community and Preventive Services:** Limited services for youth not in crisis underscore the need for increased staff and capacity in community-based, preventive services to avoid system involvement and hospitalization.
- **Focus on Adult Services:** Children's behavioral health services are not tailored to meet the needs of youth and families. Adult models are used or adapted, impacting the adequacy of care for children and families (e.g. crisis services, CCBHO -Certified Community Behavioral Health Organization).
- **Lack of Family and Youth Involvement:** Families and youth are not meaningfully engaged in the design, implementation, and evaluation of behavioral health services, at both system and individual service delivery levels.
- **Lack of Accessible Services and Supports:** Long waitlists, high costs, inconvenient service hours, and transportation challenges make behavioral health services hard for youth and caregivers to access.
- **Custody Relinquishment:** Some families resort to custody relinquishment to access needed behavioral health services, revealing a need for alternative solutions and crisis intervention.
- **Show Me Healthy Kids (SMHK) Implementation:** While overall, experience with SMHK has been positive, the rollout of the managed care specialty plan was challenging because initial provider interactions focused on claiming/billing issues.
- **Comprehensive Children's Mental Health Services System:** Senate Bill 1003 established a Comprehensive Children's Mental Health Service System in 2004, emphasizing coordination across state agencies and meaningful partnerships with families and youth. It lost funding after 2011 but remains a promising past initiative and existing legislative framework for establishing a comprehensive statewide children's behavioral health care system.

Based on the analyses, CHCS recommends the following to improve the children's behavioral health continuum of care in Missouri:

1. **Expand, standardize, and build state infrastructure to support a comprehensive mental health system for children:** Missouri should establish a statewide System of Care to address coordination issues, enhance access, and provide comprehensive services, incorporating standard screening, assessment, eligibility processes, oversight, and leveraging federal funding.
2. **Build collaborative cross-system structures to ensure alignment at all levels and increase stakeholder engagement:** Facilitate interagency collaboration at the state level, engaging stakeholders to build relationships, share successes, and develop cohesive plans while ensuring oversight, monitoring, and meaningful engagement with families and youth.
3. **Create pathways for authentic partnership and engagement with families and youth:** Implement a youth and family-driven behavioral health continuum, adopting a System of Care approach, emphasizing authentic engagement that provides the necessary support, preparation, and opportunities, throughout service planning and delivery.

4. **Implement one standardized behavioral health assessment tool:** Streamline screening tools and adopt a common assessment tool, like the Child and Adolescent Needs and Strengths Assessment Tool (CANS), to improve consistency in language across systems and with families, inform individualized care planning, and enhance communication across state-funded programs and services.
5. **Expand capacity for key home- and community-based services for children with behavioral health needs:** Address the low access rates and availability of needed home and community-based services, such as respite, in home services, and intensive care coordination, expand eligibility through Medicaid waivers and promote preventive strategies and programs to meet children's needs earlier (e.g. MRSS).
6. **Provide Intensive Care Coordination (ICC) using a High-Fidelity Wraparound model for children, youth, and their families:** Introduce ICC with High-Fidelity Wraparound as a strategy to coordinate care for children with moderate to intense behavioral health needs, fostering shared responsibility and creating conditions supportive of success in their own homes and communities.
7. **Develop mobile response and stabilization services (MRSS) for children, youth, and their families:** Implement MRSS, using national best practice standards, tailored to children, youth, and their families to provide timely, home- and community-based crisis intervention (that is family-defined) and stabilization that includes immediate support, de-escalation, assessment, counseling, and connection to resources and stabilization services and supports.
8. **Redesign residential care to align with best practice guidelines:** Analyze and understand existing levels of care, develop clinical criteria for admission, and create a statewide bed tracking system to provide oversight, ensuring a seamless behavioral health care system that also addresses health related social needs.
9. **Review data on medication management for psychotropic medication use:** Some medication management for Medicaid-enrolled youth may not be reflected in CHCS' analyses as providers often conduct this service during office visits not categorized as behavioral health visits under the national service billing codes. Due to the high percentage of youth receiving psychotropic medications, Missouri should review the data in more detail to determine if this area requires expansion.
10. **Support and expand the behavioral health workforce:** Expand the behavioral health workforce by recruiting, training, and retaining nontraditional (i.e. non-clinical, bachelor level, interns, etc.) providers, increasing youth and family peer support providers, reevaluating non-clinical position requirements, and fostering multidisciplinary collaboration. Other supportive strategies include recalibrating Medicaid reimbursement rates, offering tuition reimbursement and implementing loan forgiveness programs.
11. **Invest in school-based mental health services:** Leverage Medicaid funding to support school-based mental health services, recognizing schools are trusted partners and logical access points for behavioral health care for school-age children.
12. **Leverage Medicaid funding to prevent and identify behavioral health conditions:** Use Medicaid funding for the prevention and early identification of behavioral health conditions, aligning with

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements and emphasizing routine screenings and early engagement in treatment.

13. **Leverage Centers of Excellence:** Establish relationships with capacity building centers, like the University of Missouri's Center of Excellence, to provide training, technical assistance, and coaching to all child-serving partners, ensuring continuous workforce development, common language use, and effective communication across child-serving systems.

Conclusion

Missouri lacks a statewide comprehensive and accessible behavioral health care system for children, youth, and families. Missouri has an opportunity to revamp its current approach, by leveraging its existing legislative framework, [Comprehensive Children's Mental Health Service System statute](#), to pursue necessary funding and resources, and partnering with families and youth throughout the design and implementation.

Missouri can address the main gaps in state-level infrastructure by bolstering county-level efforts and standardizing services and support. This would level the playing field across the state ensuring that a comprehensive service array is available to all children, youth, and their families, irrespective of their county or demographics. Moreover, addressing these gaps will alleviate strains on systems ill-equipped to address the behavioral health needs of children, youth, and families.